AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Program

To Agency: See Reverse for information and instructions

1. Name of employee	2. Date of birth *(mo., day, yr.)*	3. Social Security Number

4a. Event requiring certification

☐ Separation (includes resignation)
☐ Retirement
☐ Died as an employee

Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM?

☐ No ☐ Yes

☐ Died as a reemployed annuitant
☐ End of 12 months non-pay status
☐ Other *(Specify)*

4b. Employee's Retirement System

☐ CSRS/FERS
☐ TVA
☐ DCRS*
☐ FSRS
☐ CIA
☐ FICA
☐ Other *(Specify)*

*D.C. Police & Fire/Public Schools Teachers

5. Disposition of Designations of Beneficiary (SF 54, SF 2823)

☐ Attached
☐ None on file with this agency
☐ On file in employee's Official Personnel Folder

6. Date of event checked in item 4	7. Date of SF 2819, *Notice of Conversion Privilege* - ISSUANCE IS MANDATORY *(Prepare SF 2819 for each retiring employee)*
8. Annual Basic Pay (not basic insurance amount) on date in item 6 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	9. Effective date of Continous Coverage under the FEGLI Program *(If any break in service, list dates)*

10a. Did employee have Option A - Standard Insurance on date

☐ No
☐ Yes ⟶ 10b. Effective date of election

11a. Did employee have Option C - Family Insurance on date in item 6?

☐ No
☐ Yes ⟶ 11b. Effective date of election

12a. Did employee have Option B - Additional Insurance on date in item 6?

☐ No
☐ Yes ⟶ 12b. Effective date of election

12c. Number of multiples on date in item 6	12d. Lowest number of multiples during last 5 years

13. Personnel Records Certification *(This form will not be accepted without dual certification.)*

I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employees' Group Life Insuance on the date in item 6.

13a. Signature of Authorized Agency Official *(Facsimile not acceptable)*	13e. Name and address of agency *(Including ZIP code)*
13b. Typed name of Authorized Agency Official	
13c. Title	
13d. Date	13f. Telephone number *(Including Area Code)*

14. Payroll Records Certification *(This form will not be accepted without dual certification.)*

I certify that I have compared the annual basic pay shown in item 8, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (insurance code and SF 50 equivalent) on the date in item 6. ⟶

Alpha Code

14a. Signature of Certifying Official *(Facsimile not acceptable)*	14f. Payroll Office Number
14b. Typed name of Certifying Official	14g. Name and address of Payroll Office *(If different from that given in item 13e)*
14c. Title	
14d. Telephone number *(Including Area Code)* / 14e. Date	

U.S. Office of Personnel Management
FPM Supplement 870-1
Previous editions are not usable

PART 1 - Original

Standard Form 2821
Rev. July 1991

NSN 7540-01-231-5587

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Program

To Agency: See Reverse for information and instructions

1. Name of employee	2. Date of birth *(mo., day, yr.)*	3. Social Security Number

4a. Event requiring certification	4b. Employee's Retirement System	5. Disposition of Designations of Beneficiary (SF 54, SF 2823)
☐ Separation (includes resignation) ☐ Retirement ☐ Died as an employee Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM? ☐ No ☐ Yes ☐ Died as a reemployed annuitant ☐ End of 12 months non-pay status ☐ Other *(Specify)*	☐ CSRS/FERS ☐ TVA ☐ DCRS* ☐ FSRS ☐ CIA ☐ FICA ☐ Other *(Specify)* *D.C. Police & Fire/Public Schools Teachers	☐ Attached ☐ None on file with this agency ☐ On file in employee's Official Personnel Folder

6. Date of event checked in item 4	7. Date of SF 2819, *Notice of Conversion Privilege* - ISSUANCE IS MANDATORY *(Prepare SF 2819 for each retiring employee)*

8. Annual Basic Pay (not basic insurance amount) on date in item 6 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	9. Effective date of Continous Coverage under the FEGLI Program *(If any break in service, list dates)*

10a. Did employee have Option A - Standard Insurance on date	11a. Did employee have Option C - Family Insurance on date in item 6?
☐ No ☐ Yes ⟶ 10b. Effective date of election	☐ No ☐ Yes ⟶ 11b. Effective date of election

12a. Did employee have Option B - Additional Insurance on date in item 6?		
☐ No ☐ Yes ⟶ 12b. Effective date of election	12c. Number of multiples on date in item 6	12d. Lowest number of multiples during last 5 years

13. Personnel Records Certification *(This form will not be accepted without dual certification.)*
I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employees' Group Life Insuance on the date in item 6.

13a. Signature of Authorized Agency Official *(Facsimile not acceptable)*	13e. Name and address of agency *(Including ZIP code)*
13b. Typed name of Authorized Agency Official	
13c. Title	
13d. Date	13f. Telephone number *(Including Area Code)*

14. Payroll Records Certification *(This form will not be accepted without dual certification.)*
I certify that I have compared the annual basic pay shown in item 8, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (insurance code and SF 50 equivalent) on the date in item 6. ⟶

Alpha Code

14a. Signature of Certifying Official *(Facsimile not acceptable)*	14f. Payroll Office Number
14b. Typed name of Certifying Official	14g. Name and address of Payroll Office *(If different from that given in item 13e)*
14c. Title	
14d. Telephone number *(Including Area Code)* 14e. Date	

U.S. Office of Personnel Management
FPM Supplement 870-1
Previous editions are not usable

PART 2 - Enrollee

Standard Form 2821
Rev. July 1991

NSN 7540-01-231-5587

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Program

To Agency: See Reverse for information and instructions

1. Name of employee	2. Date of birth *(mo., day, yr.)*	3. Social Security Number

4a. Event requiring certification

- [ ] Separation (includes resignation)
- [ ] Retirement
- [ ] Died as an employee

Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM?

- [ ] No   [ ] Yes

- [ ] Died as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

4b. Employee's Retirement System

- [ ] CSRS/FERS
- [ ] TVA
- [ ] DCRS*
- [ ] FSRS
- [ ] CIA
- [ ] FICA
- [ ] Other *(Specify)*

*D.C. Police & Fire/Public Schools Teachers

5. Disposition of Designations of Beneficiary (SF 54, SF 2823)

- [ ] Attached
- [ ] None on file with this agency
- [ ] On file in employee's Official Personnel Folder

6. Date of event checked in item 4	7. Date of SF 2819, *Notice of Conversion Privilege* - ISSUANCE IS MANDATORY *(Prepare SF 2819 for each retiring employee)*

8. Annual Basic Pay (not basic insurance amount) on date in item 6 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	9. Effective date of Continous Coverage under the FEGLI Program *(If any break in service, list dates)*

10a. Did employee have Option A - Standard Insurance on date

- [ ] No
- [ ] Yes ⟶ 10b. Effective date of election

11a. Did employee have Option C - Family Insurance on date in item 6?

- [ ] No
- [ ] Yes ⟶ 11b. Effective date of election

12a. Did employee have Option B - Additional Insurance on date in item 6?

- [ ] No
- [ ] Yes ⟶ 12b. Effective date of election

12c. Number of multiples on date in item 6	12d. Lowest number of multiples during last 5 years

13. Personnel Records Certification *(This form will not be accepted without dual certification.)*

I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employees' Group Life Insuance on the date in item 6.

13a. Signature of Authorized Agency Official *(Facsimile not acceptable)*	13e. Name and address of agency *(Including ZIP code)*
13b. Typed name of Authorized Agency Official	
13c. Title	
13d. Date	13f. Telephone number *(Including Area Code)*

14. Payroll Records Certification *(This form will not be accepted without dual certification.)*

I certify that I have compared the annual basic pay shown in item 8, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (insurance code and SF 50 equivalent) on the date in item 6. ⟶

Alpha Code

14a. Signature of Certifying Official *(Facsimile not acceptable)*	14f. Payroll Office Number
14b. Typed name of Certifying Official	14g. Name and address of Payroll Office *(If different from that given in item 13e)*
14c. Title	
14d. Telephone number *(Including Area Code)* 14e. Date	

U.S. Office of Personnel Management
FPM Supplement 870-1
Previous editions are not usable

PART 3 - File copy

Standard Form 2821
Rev. July 1991

NSN 7540-01-231-5587

INSTRUCTIONS TO EMPLOYING AGENCIES

Completion of Certification

1. This certification must be completed in triplicate whenever an employee's insurance terminates or is scheduled to terminate due

   a. Death
   b. Retirement
   c. Completion of 12 months in non-pay status
   d. Any other reason, if the employee wants to convert insurance, except under the following circumstances:

      (1) Employee waived or declined on SF 2817.
      (2) If it is known that, within 3 calendar days after the insurance terminates, the employee will return to Government service in the same position or another position and he or she will be eligible to reacquire insurance coverage.

2. In item 4b, indicate the retirement system under which the employee is covered. If other than those shown, please specify (see FPM Supplement 870-1, subsection S6-2(b)).

3. In item 7, give the date of Notice of Conversion Privilege (SF 2819). In case of death where employee had no Option C coverage, leave this item blank.

4. In item 9, "effective date of continuous coverage under the FEGLI Program" means the date the employee began FEGLI coverage without a break for any reason, except separation from the Federal service or exclusion by law or regulation In addition to the effective date of continuous FEGLI coverage, indicate the dates of any break in service.

5. In item 10b, (and 11b and 12b) "effective date of election" means the date the employee began the optional FEGLI coverage without a break for any reason, except separation from he Federal service or exclusion by law or regulation.

6. Appropriate officials must verify that the employee's personnel and payroll records are consistent with the information reported on this form. The two certification (in item 13 and 14 may not be made by the same official; however, a payroll certification may be made by a personnel officer who has access to payroll records.

7. If this certification is prepared for reasons other than separation for retirement, death, or end of 12 months in non-pay status, **DO NOT** send the SF 2821 to OPM. Give or mail the original and duplicate to the employee, with the SF 2819, for conversion purposes.

8. IMPORTANT: When a duplicate SF 2821 is issued to replace one which is lost, it must be clearly marked "DUPLICATE".

Disposition of Certification

1. **Death of Employee**

   a. Send duplicate (Part 2) of SF 2821 to the Office of Federal employees' Group Life Insurance, 4 East 24th Street, New York, NY 10010.
   b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (form FE 6) when received.
   c. If no claim is received, send original SF 2821, upon request, to the Office of Federal Employees' Group Life Insurance (OFEGLI).
   d. If the deceased employee has any designation of beneficiary forms (SF 54 or SF 2823) on file, they must be attached to the original SF 2821 when it is sent to OFEGLI.

2. **Retirement of Employee**

   a. If the retiring employee is applying for an immediate annuity and is eligible to continue life insurance into retirement, attach the original SF 2821 (Part 1), all designations of beneficiary (SF 54 or SF 2823), if any, and all life insurance elections (SF 176 or SF 2817), to the Application for Retirement and send these documents to OPM. Give the duplicate (Part 2) of the SF 2821 to the employee. (NOTE: In a disability retirement case where the retirement application has already been sent to OPM, attach the original SF 2821 and other insurance forms to the "final" Individual Retirement Record [SF 2806/SF 3100 or equivalent].)

   b. If the employee is continuing Basic insurance into retirement, have him or her complete SF 2818, *Continuation of Life Insurance Coverage.* Attach the complete SF 2818 to the original SF 2821.

   c. A retiring employee who wants to continue Basic Life insurance, but not one or more of the options for which he or she would otherwise be eligible, must complete a SF 2817, declining those options. If the effective date of the change in coverage comes before the separation for retirement, process the SF 2817 as usual and attach the original, with all other life insurance elections, to the Application for Retirement. However, if the effective date of the change in coverage **falls** after the date of separation for retirement, complete that portion of the SF 2817 designated FOR EMPLOYING OFFICE USE ONLY, give the employee his or her copy, and attach both the original and Part 2 to the SF 2821. The SF 2821 should be completed to reflect the retiring employee's insurance status **at the time of separation for retirement** and attached to the Application for Retirement.

   d. If the retiring employee wants to continue Basic Life insurance, but convert one ore more of the options, complete SF 2821 and submit the original (Part 1) with the application of Retirement, as indicated in item 2a, above. The employee should submit the duplicate SF 2821 (Part 2) with a completed SF 2819, indicating which options he or she wishes to convert, to OFEGLI.

   e. If the retiring employee prefers to convert both Basic Life and all optional insurance(s) to an individual policy, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823), if any.

   f. If the retiring employee is not eligible to continue life insurance coverage into retirement, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821 and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823) if any.

3. **Employee's Receiving Compensation Benefits**

   a. Before completing items 7 through 12, contact the district Office of Workers' Compensation, if necessary, to confirm whether the employee still has any of the optional insurance(s).

   b. If the employee is continuing Basic Life insurance, have him or her complete SF 2818, *Continuation of Life Insurance Coverage*. Attach the completed form to the original SF 2821 (Part 1). Attach all designations of beneficiary (SF 54 or SF 2823), if any, and all Life Insurance Elections (SF 176 and SF 2817) and send them to the Office of Personnel Management, Employee Service and Records Center, Boyers, PA 16017. Give the duplicate copy (Part 2) of the SF 2821 to the employee.

   c. If the employee is continuing Basic Life insurance but converting one or more of the options, have him or her complete SF 2818, *Continuation of Life Insurance Coverage*, attach the completed form to the original SF 2821, and send them to the Office of Personnel Management at the address in item 3b, above. The employee should submit the duplicate SF 2821 (Part 2) with a completed SF 2819 to OFEGLI.

   d. If the employee prefers to convert all group insurance to an individual policy, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821, and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823), if any.

   e. If the employee is not eligible to continue life insurance as a compensationer, give him or her the original and duplicate (Parts 1 and 2) copies of the SF 2821, and a SF 2819. Retain designations of beneficiary (SF 54 or SF 2823), if any.

4. **All Other Cases**
   Give or mail the original and duplicate (Parts 1 and 2) to the employee.

5. **In all Cases**
   Retain the file copy (Part 3) of he SF 2821 in the employee's Official Personnel Folder or its equivalent.

Prompt Certification Required

The time in which an employee may convert group life insurance to an individual policy is limited. This SF 2821 must be completed and delivered or mailed promptly. See FPM Supplement 870-1.